

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)  
**DASA TARGET CHANGE OF CIRCUMSTANCES**

AGENCY NUMBER

STAFF IDENTIFICATION

**INSTRUCTIONS:** For clients receiving treatment, use this form to record only the types of change of circumstances shown below. Record other client changes that occur during treatment at discharge on the DASA Target Data Elements, DSHS 04-416. Record only the area(s) that have changed.

**SECTION I: CLIENT IDENTIFICATION**

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME
4. DATE OF BIRTH	5. ORIGINAL ADMISSION DATE	6. CHANGE START DATE

**SECTION II: PREGNANCY OUTCOME**

**PREGNANCY OUTCOME CODES**

L - Live Birth Child      M - Miscarriage      S - Stillborn Child (dead)      T - Other Termination

1. ESTIMATED DUE DATE MM/DD/YYYY	2. HAS PRENATAL PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	3. PREGNANCY END DATE MM/DD/YYYY	4. Complete the table below to document the fetus/infant(s) associated with the actual date from Section 3. (The table allows for multiple births.) <b>Note:</b> Only complete columns 2, 3, and 4 if outcome = L - Live Birth Child
OUTCOME	WEIGHT LBS OZ	INFANT'S FIRST NAME	IS CHILD LIVING WITH CLIENT
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**SECTION III: FUNDING**

1. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)			
<input type="checkbox"/> ADATSA <input type="checkbox"/> Applicant <input type="checkbox"/> General Assistance – Presumptive Disability (GAX) <input type="checkbox"/> General Assistance – Unemployable (GAU) <input type="checkbox"/> Medical Assistance Only		<input type="checkbox"/> None <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
2. CONTRACT (CHECK ONE BOX ONLY)			
<input type="checkbox"/> ADATSA <input type="checkbox"/> Adult Outpatient <input type="checkbox"/> Adult Residential <input type="checkbox"/> ATR – Access to Recovery <input type="checkbox"/> CA Out Station <input type="checkbox"/> CDDA (COMM) <input type="checkbox"/> CDDA (LS)		<input type="checkbox"/> Criminal Justice (CJ) <input type="checkbox"/> Criminal Justice – Innovation <input type="checkbox"/> CSO Out Station <input type="checkbox"/> DOC - COM <input type="checkbox"/> DOC - Jail <input type="checkbox"/> Gov2Gov (Non XIX) <input type="checkbox"/> Indian Health Services (IHS)	
		<input type="checkbox"/> Molina – Managed Care <input type="checkbox"/> Other/None <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> TANF (ESA) <input type="checkbox"/> Tribe MOA (Title XIX) <input type="checkbox"/> Youth Treatment <input type="checkbox"/> WASBIRT	
3. FUND SOURCE (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Agency Funded <input type="checkbox"/> County Community Services <input type="checkbox"/> Federal Direct		<input type="checkbox"/> Other <input type="checkbox"/> Private Pay <input type="checkbox"/> State Direct <input type="checkbox"/> State DSHS (Non DASA) <input type="checkbox"/> State Non DSHS <input type="checkbox"/> Tribal Community Services	
4. TITLE XIX FUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No	5. CO-OCCURRING DISORDER <input type="checkbox"/> Yes <input type="checkbox"/> No	6. SPECIAL PROJECT STATE	7. SPECIAL PROJECT COUNTY
8. SPECIAL PROJECT AGENCY	9. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)	10. INSURANCE PAYMENT (PRIVATE) (CHECK ONE BOX ONLY) <input type="checkbox"/> No Insurance Payment <input type="checkbox"/> 50% or greater <input type="checkbox"/> Less than 50%	
11. FEE STATUS (CHECK ONE BOX ONLY) <input type="checkbox"/> Client Will Pay No Fee <input type="checkbox"/> Client Will Pay Full Fee <input type="checkbox"/> Client Will Pay Partial Fee		12. CHANGE MODALITY (CHECK ONE) <input type="checkbox"/> Intensive Outpatient (IO) to Outpatient (OP) <input type="checkbox"/> Intensive Outpatient (IO) to Methadone (MT) <input type="checkbox"/> Outpatient (OP) to Intensive Outpatient (IO) <input type="checkbox"/> Outpatient (OP) to Methadone (MT) <input type="checkbox"/> Methadone (MT) to Outpatient (OP) <input type="checkbox"/> Methadone (MT) to Intensive Outpatient (IO)	
13. CLIENT REGISTRY PARTICIPATION <input type="checkbox"/> Permitted <input type="checkbox"/> Refused <input type="checkbox"/> Revoked		14. STATUS DATE	

